AND DIAN OF CORRECTION INTERCATION NUMBER:		` '			X3) DATE SURVEY COMPLETED	
		A. BUILDING: 01				
	HAL095002		B. WING		03/1	1/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MOUNTA	AIN CARE FACILITIES	183 GRAC BOONE, N	GVILLE RO NC 28607	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report of Biennial Construction Survey by Dennis Harrell and Greg Cates on 3-11-2015. Information gathered from the DHSR Master Facility File and LTI databases, shows this facility was either first licensed or submitted for licensure on 2-1-1955, for 60 residents. Based on this information we are requiring the facility to meet the 1971 Minimum and Desired Standards and Regulations, Homes for the Aged and Family Care Homes, the Applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1967 North Carolina State Building Code Section 409.1 for Institutional Buildings.					
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation the facility did not meet		C 101			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

AND DIAN OF CORRECTION INTERCATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
HAL095002		B. WING		03/11/2015		
	PROVIDER OR SUPPLIER	183 GRAC	GVILLE RO	STATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTIES OF T	D BE	(X5) COMPLETE DATE
C 101	Continued From page 1 the NC State Building Code requirements for the fire separation of storage rooms greater than 100 square feet. Improper storage of combustibles could allow a fire to spread beyond the room of origin. Findings include: Room 31, which is larger than 100 sq. feet, was originally designed and built to be a resident bedroom and is now being used for combustible storage. There are 13 mattresses and/or box springs stored in the room. This is not in conformance with the NC State Building Code which requires storage rooms larger than 100 square feet to be separated from the remainder of the facility by a 1 hour fire resistance rated fire barrier. 2. Based on observation, the facility is not fully protected with fire alarm system detection devices in all required spaces. An incomplete fire alarm system could allow a fire to be undetected until it spreads to the corridor and the remainder of the facility.		C 101			
	to the existing fire a	te or heat detector, connected larm system, provided in the or near the dining room.				
C 111	SECTION .0300 - F 10A NCAC 13F .030 CONSTRUCTION(f) The facility shall fire and building saf		C 111			

Division of Health Service Regulation

STATE FORM 6899 OT7D21 If continuation sheet 2 of 6

AND BLAN OF CORRECTION TO TRANSPORT TO THE ANTI-		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL095002	B. WING		03/11/2015	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	. 30.1	
MOUNTA	IN CARE FACILITIES	183 GRAG BOONE, N	GVILLE RO IC 28607	AD		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 111	This Rule is not me Based on review of required inspection the facility. Findings include; 1. There was no Savailable for the kite 2. There was no Savailable for the bu 3. There was no Fiavailable,	et as evidenced by: documents, many of the reports were not available in anitation inspection report chen, anitation inspection report	C 111			
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: Based on observation, the curtain was torn at the window in the bathroom near room 20. A torn window curtain prevents privacy in the bathroom.		C 132			
C 166	SECTION .0300 - F	06 HOUSEKEEPING AND	C 166			

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STATE FORM 6899 OT7D21 If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED		
HAL095002		B. WING		03/1	1/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MOUNTA	IN CARE FACILITIES	183 GRAG	GVILLE RO	AD		
MOUNTA	IIII CARE FACILITIES	BOONE, N	IC 28607			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 3	C 166			
	(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.					
	This Rule is not met as evidenced by: 1. Based on observation, a window was cracked beside the exit door near the kitchen. The edge of the crack was sharp to the touch. A sharp surface in the corridor could endanger the residents.					
	2. Based on observation, the hose on the shower wand in the tub room across from room 33 was long enough to reach the tub basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.					
	3. Based on observation, there was an open drain in the corridor near the dining room where a water cooler had been removed. Drains that are not properly sealed can allow noxious and combustible gases to enter the facility.					
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)					

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STATE FORM 6899 OT7D21 If continuation sheet 4 of 6

AND DIAN OF CODDECTION INTEREST.				(X3) DATE COMP	SURVEY LETED	
HAL095002			B. WING 03/11/2015			1/2015
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MOUNTA	AIN CARE FACILITIES	183 GRAC BOONE, N	GVILLE RO NC 28607	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4 ly to existing facilities.	C 189			
	This Rule is not met as evidenced by: Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: 1. Holes in the basement ceiling around water pipes. 2. Hole, approximately 12 inches by 20 inches, where a plumbing repair had been made in the ceiling if the furnace room beside the kitchen.					
C 195	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation there was no hot water available on the women's wing. Failure to provide		C 195			

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Division of Health Service Regulation STATE FORM

NAME OF PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 183 GRAGGVILLE ROAD BOONE, NC 28607 (X41) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE C 195 C 195 C 195 C 195 DEFICIENCY NOTE: The continued From page 5 hot water at all required fixtures interferes with the residents quality of life.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
MOUNTAIN CARE FACILITIES 183 GRAGGVILLE ROAD BOONE, NC 28607 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 195 Continued From page 5 hot water at all required fixtures interferes with			HAL095002	B. WING		03/1	1/2015
C 195 Continued From page 5 hot water at all required fixtures interferes with SUMMARY STATEMENT OF DEFICIENCIES D PROVIDER'S PLAN OF CORRECTION (X5) PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY PREFIX TAG	NAME OF	PROVIDER OR SUPPLIER					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE COMPLETE DAT	MOUNT	AIN CARE FACILITIES			OAD		
hot water at all required fixtures interferes with	PREFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERT	D BE	COMPLETE
	C 195	hot water at all requ	uired fixtures interferes with	C 195	BETTOLENOT)		

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Division of Health Service Regulation STATE FORM